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Ц	APPLICATION NUMBER	FILINOVRECEIET DATE	FIRST NAMED APPLICANT	ATTORNEY DOCKET NO/TITLE
Ō.	9/392, 124	navosvaa Zinku	BUAN	. D 8X85.239
			and the second s	Account to the second
		$\langle \cdot \rangle$	212/1119	
	RAWFORD PH 20 MAGGIRM	The state of the s	•	NOT ASSIGNED
	OJ WHOMING UITE 5000.	TON AVENUE NORTH		
	INNEAPOLIS	MN 55403	•	2741
			DATE MA	ILED:
		NOTICE OF	INCOMPLETE REPLY	117.1433
			g Date Granted)	
	مرآا	00		1000
	filed on 1-12		Missing Parts (Notice) mailed on	1-25-77
en	entered into the ap	pplication. The reply, however,	is incomplete for the following rea	son(s).
The	filing fee required	by the Notice has not been rec	eived. The amount of \$ $\frac{105}{105}$	is due.
	· /	M		
ıne	surcharge of \$	has not been	received.	
The	oath or declaration	n for this nonprovisional applica	ation has not been received.	
The	oath or declaration	n for this nonprovisional applica	ation is not executed in compliance	with 37 CFR 1.64(a) becaus
	•	See and the second		
	The inventor's signa The signature is mis	ature is missing. ssing for inventor(s)		
	o.ig	<u></u>		
	The application is o	ne filed under 37 CFR 1 42 1	43, or 1.47, and the oath or declare	ation is not executed by the
		to make the oath or declaration		auon lo not oxocalca by allo
The	cover sheet (37 C	CFR 1.151(c)(1)) for this provision	onal application has not been rece	ived.
	▶,			
The	reply does not inc	lude		
		·	,	_as required by this Notice.
anlai	to rooks must be tin	note filed to provent APANDON	IMENT of the above-identified app	diantion
ipiei	te reply must be un	nely filed to prevent ABANDON	imicial of the above-identified app	nication.
			may, however, obtain an EXTENS	
rovis	ions of 37 CFR 1.1	36(a) by filing a petition accom	panied by the appropriate fee (37	CFH 1.17(a)).
t the	reply and any que	stions about this notice to "Atte	ntion: Box Missing Parts."	
	veren constitution	AN LONGUE CONTRACTOR		
مستنب		and the second of the second o		-
			manager .	
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•		A copy of this notice <u>N</u>	<u>/IUST</u> be√returned with ti	he reply,
7		$\Delta / \sim 1$		
<u>مار.</u>	11/10	di t	N_{ij}). · · · · · · · · · · · · · · · · · · ·
ل ا	Service Center	MY //		
Pate	ent Examination Di	vision (703) 398-1202	A Commission of the Commission	
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